Northwest Arkansas Food Bank
Partnership Application Packet
1604 Honeysuckle St, Lowell, AR 72745

Contact: Agency Relations Manager
Katie Lausin – (479) 770-4296
katie.lausin@nwafoodbank.org

Thank you for your interest in partnering with the Northwest Arkansas Food Bank! Enclosed is an application packet that will provide the Northwest Arkansas Food Bank with information about your organization and all the ways you fight hunger in your community. We encourage you to read through the application packet carefully to determine if your organization meets the requirements of becoming an agency partner. Please complete all pages and include all the documents required to submit your application.

The Northwest Arkansas Food Bank receives many requests for partnership each month, and we cannot guarantee that every applicant will be accepted as an agency partner. The approval process can take 3-5 weeks beginning from the time the Northwest Arkansas Food Bank receives your application. Please know that submission of this application does not guarantee partnership.

Before partnership status is determined, an on-site review will be conducted by Northwest Arkansas Food Bank staff. Upon completion of the on-site review and approval from the Northwest Arkansas Food Bank staff, an official Partnership Agreement will be sent to your agency to begin the onboarding process.

The approval process includes several factors including, but not limited to: service model, underserved geographical area, special populations assisted, multiple agency partners in same community, financial and operational sustainability and community collaboration.

Partnership Eligibility

- Must be an IRS recognized 501(c)3 non-profit organization or have an official partnership with a faith-based organization
- Must provide documentation of operational budget
- Must not charge for food, be reimbursed, compensated, or required services in exchange for food
- Must have adequate storage for food - food storage and food preparation must be at a commercial location
- Must ensure that clients are treated with respect and dignity
- Must not require or imply that clients undergo any type of activity to receive food assistance (ex: register for employment, religious practice, or counseling)
- Must have ability and willingness to access and submit reports via the internet
- Must order a minimum of $500 worth of product within a calendar year (January-December)

Non-Discrimination Policy

Agency partners may not deny anyone access to food products based on race, color, citizenship, religion, sex, national origin, ancestry, marital status, family or parental status, disability, sexual orientation including gender identity, favorable discharge from the military or status as a protected veteran, or political viewpoints and other ideologies.

Many of our agency partners are located in and/or sponsored by faith-based organizations. Please recognize and ensure religious activities do NOT:

- Discriminate against clients based on faith or religious belief
- Require or request clients to attend a meeting or services (religious or not) or request participation in any religious activity (i.e., prayer, religious instruction)
- Ask questions pertaining to religious affiliation or beliefs on the client intake form

Submission Checklist

These documents are required as part of your application. Your application will not be considered until we have all documents listed below.

- Completed Northwest Arkansas Food Bank Application
- A copy of your organization's IRS 501(c)3 letter
- A copy of your organization's income and expenses related to the food program requested in this application
- A copy of your organization's intake form(s)

- Examples of any brochures or handouts with information regarding your organization
- Upon completion, email completed partnership application to the Agency Relations Manager
    - Caroline Grage: caroline.grage@nwafoodbank.org

Partnership Application

Name of Agency:
_____

Physical address:
_____
City: _____ County: _____ Zip Code: _____

Mailing address (if different):
_____
City: _____ County: _____ Zip Code: _____

Site phone number: _____ Site email: _____

Agency Website and/or Social Media:
_____

Food Program Contact:
_____
Email address:
_____
Office phone: _____ Cell phone: _____

Agency Director:
_____
Email address:
_____
Office phone: _____ Cell phone: _____

What is the purpose of your organization?
_____
_____
_____
_____
_____

How did you hear about the Northwest Arkansas Food Bank?
_____
_____
_____

Organizational Information

Please select one:

- Non-profit agency defined by section 501(c)3 of the IRS tax code for tax-exempt organizations. Attach copy of letter, on IRS letterhead, which states somewhere in the body of the text that the agency is "…exempt under section 501(c)3 of the federal tax code."
- Faith based organization which meets the IRS definitional requirements of a church.

Check the type of food program your agency operates:

- Food Pantry
- On-Site Meal Program
- Other:

_____

How long has your agency been in existence?

_____
_____

Describe your current food storage capabilities (quantity size, etc.):

_____
_____

Dry storage (shelving, etc.):

_____
_____

Number of refrigerators/coolers:
Walk-in: _____ Upright: _____ Domestic Combo: _____
Number of freezers:
Walk-in: _____ Upright: _____ Chest: _____
Does your current facility allow for capacity building?

_____
_____

Do you work with a licensed Pest Control Company to eliminate unwanted pests? YES or NO
If yes, how often do they service your facility?

_____
If no, please describe your organization's pest control process:

_____
_____
_____
_____

Do any of your staff or volunteers have a food handler's license? YES or NO
If yes, who provided the license?

_____

Describe any other services or programs your organization provides for clients (For example: SNAP, clothing, utility assistance, childcare, job referrals, etc.)

_____
_____
_____
_____
_____

What are your goals in requesting partnership?

_____
_____
_____

If you identify as a Food Pantry, please fill out the following information:

Food Pantry

Which method of distribution best describes your food pantry?

- Client Choice: Grocery-store style where clients self-select, removes and pack items, either by themselves or with volunteer assistance
- Partial Client Choice: Client selects items off a list and volunteers pack bags
- Partial Client Choice: Majority of groceries are pre-packed, with a few items being choice
- Pre-Packed Bags
- Other (please describe):

  _____
  _____
  _____

What is the average number of households served each month?

Less than 25 26 – 75 76 – 150 150+

Do you keep records of households served? YES or NO

If yes, how long are those records kept? _____

Please indicate the days/hours your agency is open to serve clients:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							

Where do you post your open days/hours (i.e., front door, social media, etc.)?

_____

_____
How many paid staff and volunteers do you have on-site when serving clients?
Paid staff: _____ Volunteers: _____

If you identify as an On-site Meal Program, please fill out the following information:

On-Site Meal Program

Which method of distribution best describes your meal program?

- Shelter
- Children's Home
- Community Meal
- Mobile Meals
- Senior Center
- Mental Health Assistance
- Substance Recovery Center
- Other: _____

What is the average number of households served each month?
Less than 25 26 – 75 76 – 150 150+
Do you keep records of households served? YES or NO
If yes, how long are those records kept? _____

Please indicate the days and times that meals are served:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Week 1							
Week 2							
Week 3							
Week 4							
Week 5							

How many paid staff and volunteers do you have on-site when serving clients?
Paid staff: _____ Volunteers: _____

Identifying Unmet Community Needs

It is important that the Northwest Arkansas Food Bank Agency Partner network work together to ensure that the needs of those experiencing food insecurity are being fully met. We strongly encourage our Agency Partner Network to collaborate in serving their community.
What does poverty look like in your community?
_____
_____
_____
_____
How does your organization collaborate or work with other social services or community programs to meet the needs of clients?

_____
_____
_____
_____

I certify that this information is true and complete

_____
Printed Name of Food Program Coordinator

_____ _____
Signature of Food Program Coordinator Date